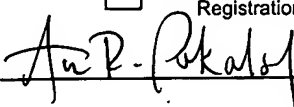




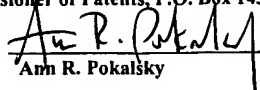
Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>TX4-100-8388C (167-51)</b>	
Application Number <b>10/781,069</b>		Filed <b>February 18, 2004</b>	
For <b>OIL-FREE PHARMACEUTICAL COMPOSITIONS CONTAINING CYCLOSPORIN A</b>			
Art Unit <b>1615</b>		Examiner <b>CHANNAVAJALA, L.S.</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>04-1121</b> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <b>34,697</b>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature		<b>9/5/06</b> Date	
<b>Ann R. Pokalsky</b> Typed or printed name		<b>(516) 228-8484</b> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8 (a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop AF, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 5, 2006.

Dated: September 5, 2006

  
Ann R. Pokalsky

09/12/2006 RHONDAF1 00000089 10781059

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